

**Request to Employ KTRS RETIREE  
in any Full-time Position, Critical Shortage Full-time or  
Critical Shortage Part-time**

**\*\* School Year 2009-2010 \*\***

The \_\_\_\_\_ district/agency wishes to employ full-time/part-time the following KTRS retiree for the **2009-2010 school year**. (Full-time means employment in a position equal to or greater than 7/10 of the normal contract term for that position. Part-time is less than 7/10.) Each district/agency may employ KTRS retirees full-time, with a Daily Wage Threshold (DWT), as outlined in KRS 161.605(4). These positions are limited to 3% of the district's/agency's active full-time KTRS employees. Local school districts will also be able to employ KTRS retirees, without a DWT, as set forth in KRS 161.605(8). These positions are limited to 1% of the district's active full-time KTRS employees. Employers pay an additional 10.69%.

THE NUMBER OF DAYS THAT MAY BE WORKED IN A FULL-TIME or PART-TIME CRITICAL SHORTAGE POSITION WILL BE PRO RATED DURING THE INITIAL YEAR OF RETIREMENT FOR PERSONS RETIRING AFTER JULY 1 OF ANY YEAR.

**KTRS RETIREE INFORMATION**

Name \_\_\_\_\_  
First Middle Last

Social Security Number \_\_\_\_\_

District/Agency/other employer  
From which this employee retired \_\_\_\_\_

Retiree's Mailing  
Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

The district wishes to employ this retiree on a Full-time or Critical Shortage basis and will do so in compliance with KRS 161.605. The district is advised to ensure its compliance with any relevant statutes and regulations of the Kentucky Department of Education.

If employee is eligible for your State Health Insurance, this Health Insurance will be effective \_\_\_\_\_ 1st, 20\_\_\_\_  
month yr

District/Agency \_\_\_\_\_ Contact Person (print) \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Signature of Authorized District/Agency Designee \_\_\_\_\_ Date \_\_\_\_\_

Place this employee in: ☐ Critical Shortage Full-time OR ☐ Critical Shortage Part-time employment.

This request must be submitted PRIOR to employment. ONLY FULLY COMPLETED FORMS WILL BE PROCESSED.

Submit request by: Fax: 502/573-0199 for faster approval or mail to KTRS, 479 Versailles Road, Frankfort KY 40601-3800

**TO BE COMPLETED BY KTRS**

☐ This request has been  
APPROVED ONLY for 2009-2010 school year.

☐ Each Year upon receiving this approval,  
please mail a completed F-1 RET form to KTRS  
for the retiree listed above.

☐ This employee will be included in the 1% Critical  
Shortage group and this district will remit an  
additional 10.69% each pay period.

☐ This request is returned NOT APPROVED per the  
attached reason.

DAILY WAGE THRESHOLD (DWT):

\$ \_\_\_\_\_

Authorized KTRS Designee \_\_\_\_\_

Date \_\_\_\_\_

(Form RET-FT 2009-10.doc)